CGS
Jurisdiction 15 Kentucky and Ohio Part A
EDI Ask the Contractor Teleconference (ACT)

Moderator: Deanna Menshew
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10:30 am CT

Operator: Good day everyone and welcome to the Jurisdiction 15 A/B MAC Implementation Ask the Contractor Teleconference for Part A, Electronic Data Interchange Submitters. Today's conference is being recorded.

At this time, I'd like to turn the conference over to Ms. Deanna Menshew. Please go ahead.

Deanna Menshew: Good morning and welcome to today's CGS EDI Ask the Contractor Teleconference for our Ohio and Kentucky Part A providers in Jurisdiction 15. This is a special ACT teleconference that will specifically address EDI considerations for J15 customers who will transition to CGS in October of 2011.

My name is Deanna Menshew of the Jurisdiction 15 implementation team. And I'm joined today by a team of our EDI experts. Together, we will be providing you with Early Boarding and electronic data interchange information and taking your J15 EDI related questions once we get to the question and answer portion of today's calls.

I'm going to begin our call by introducing you to Karen Evans of our EDI team for opening remarks.

Karen Evans: Thank you, Deanna. Good morning everyone. As Deanna mentioned, I am Karen Evans of our EDI team. We also have several other EDI team members on the phone with us today. We will now get started with our transition news.

By now, you should already be aware that for Ohio and Kentucky Part A providers, your transition date is scheduled for October 17, 2011. At that time all Ohio and Kentucky Part A workload will be transitioned from National Government Services to CGS.

The CGS J15 Web site, www.cgsmedicare.com/j15 offers a wealth of information on CGS, the J15 transition, and EDI in general. We strongly suggest you join the CGS J15 listserv if you have not already done so. Simply click on the Join the Listserv link on the homepage and submit your information.

As we near your transition date, there are some important EDI considerations that you will need to keep in mind. Now I would like to talk about Early Boarding. Last week we mailed Early Boarding instructions to all current Part A EDI submitters in Kentucky and Ohio.

The purpose of Early Boarding is to provide you with an extended period during which you can update your connectivity and communications processes to effect communications with the CGS EDI front end.

It is important that you transition your claims submission to us as soon as possible to help ensure you are ready for a successful cutover to CGS as your new Medicare contractor.

The Early Boarding period just began on August 15, 2011 and will continue through 5:00 pm on October 13, 2011. NGS will no longer accept your electronic transactions after 5:00 pm on

October 13, 2011. If you are currently an active electronic submitter with NGS, no EDI enrollment forms will be necessary to begin submitting your claims to CGS.

You will continue to use your current contractor number as the payer ID during the Early Boarding period. Any claim files received by CGS during Early Boarding will be forwarded to NGS for processing and payment. This will not delay your payments or remittances advices in any way.

Please be aware that once you successfully migrate to GPNet during Early Boarding, NGS will no longer accept your files directly. You will continue to submit files to the CGS EDI front end using the Early Boarding process.

In most cases, Kentucky and Ohio Part A submitters will retain your current trading partner or submitter ID to access GPNet. You will use your current trading partner or submitter ID along with the GPNet password sent to you by CGS earlier to submit claims to CGS via GPNet.

GPNet requires a dialup modem and an analog phone line. If you use a network service vendor, you will need to contact them directly before your first submission to GPNet.

Claims files submitted after 5:00 pm on October 13, 2011 must include your new CGS J15 contractor ID. The new J15 contractor ID for Ohio Part A providers billing electronic claims to CGS is 15201 and for Kentucky Part A 15101. Please make a note of this and remember to update your systems to make this change. Claims submitted to CGS after the transition that include the old payer ID will be front end rejected.

Now let's talk a little bit about electronic remittance advices, 835s. Submitters who currently receive electronic remittance advices through NGS will be able to download those remittances daily from CGS.

This also applies to those who opt to Early Board. You may view these remittances with the PC-Print software you currently use. ERA files produced by NGS prior to cutover will be available through CGS after the transition. However, we would encourage you to verify that you have received all your current remittances prior to the cutover. Historical claims processed by NGS will also be available in the CGS system after the transition is complete.

Submitters will not be required to test their vendor-issued software before transitioning to CGS as part of the J15 implementation. This means that submitters may begin sending claims to CGS on August 15, 2011, after the Early Boarding steps are completed. While testing is not required, submitters who wish to test may do so.

You may continue to use your current billing software when transitioning to CGS or download the CGS version of PC-Ace Pro32 software. The PC-Ace Pro32 software is ready for 5010 claims submission and is available either as a free download or on a CD at a cost of $25. This software is available now on the CGS J15 Web site at www.cgsmedicare.com/j15/edi.html.

Your current direct data entry or DDE ID will not change. The EDC screens will change to point to the correct menu options at cutover. Our DDE user manual will be available on our Part A Web site at cutover.

Should have any password or security issues with DDE after cutover, you must email or call our Medicare OPID Department. We will publish that contact information closer to cutover.

After submitter migration to GPNet, CGS will support ANSI 5010 Errata testing for J15 Part A customers. ANSI 5010 Errata testing procedures are available on our Web site at www.cgsmedicare.com/j15/edi.html. Please monitor our Web site for updates concerning ANSI 5010 testing.

The CGS EDI Help Desk is available during Early Boarding Monday through Friday between 7:00 am and 4:30 pm Central Standard Time. And the telephone number is 1-866-758-5666. Remember, the CGS EDI Help Desk will assume full support for Ohio and Kentucky Part A EDI submitters on October 17, 2011, including technical support and 5010 testing.

As a reminder, the CGS EDI Department does not handle the processing of applications or electronic funds transfer or EFT. Questions regarding your EFT reenrollment should be directed to the CGS J15 Implementation Help Desk at 1-877-819-7109 Monday through Friday, 8:00 am to 4:30 pm Central Time.

At this time, I would like to turn the call back over to Deanna for our Q&A session.

Deanna Menshew: Thank you, Karen, for that information. Of course we'd like to reserve the majority of today's call for questions from our EDI submitters on the telephone lines. And since the focus of today's teleconference is EDI, please make sure that you do limit your questions to that topic.

Please remember when you ask a question to identify yourself by name and your practice or organization. Operator, can we please open the lines for questions.

Operator: Please press star 1 at this time if you'd like to ask a question. If you are using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment. Again, star 1 for questions.

We'll have our first question from Cheryl Akers with Kindred Healthcare.

Cheryl Akers: Hi. This is Cheryl Akers with Kindred Healthcare. I actually have about three questions.

Gloria Lucas: Okay, Cheryl, go right ahead.

Cheryl Akers: Okay. I know you said to use the current contractor ID for NGS for Early Onboarding. I'm assuming the payer name in the NM1 segment should still continue to read NGS?

Gloria Lucas: That is correct, Cheryl.

Cheryl Akers: Okay, does CGS have a specific naming convention for their files? Does it have to say CGS? You need a specific something in your name of your files, your 837I files?

Gloria Lucas: Thank you for that question, Cheryl. That's a great question. And your file does not have to have a certain naming convention.

Cheryl Akers: Okay, perfect. Do you have a max number of claims per file?

Gloria Lucas: We're not aware that we have a max number of claims per file. I don't think that should be an issue.

Cheryl Akers: Okay, and looking at your documentation, we currently use a network service vendor for our NGS connection. And I have facilities in both Ohio and Indiana, so I need to continue to keep my connection to NGS for my Indiana facilities that aren't going in October.

So I want to keep my network service vendor for that. But I'd like to do a direct connection with the GPNet for CGS for my Ohio facilities. Is that going to cause any problems?

Gloria Lucas: That will not cause any problems, Cheryl. But I do want you to be aware that you will need a dial-up modem and an analog telephone line in order to dial into GPNet.

Cheryl Akers: No FTP connection is available?

Gloria Lucas: You can do FTP, but you still will need the dial-up modem and an analog telephone line.

Cheryl Akers: Okay. Can I leave my DDE with the network service vendor, even for CGS, and then do the dial-up modem for the claims submission? Will that cause an issue?

Gloria Lucas: No, that will not cause an issue. You may do that.

Cheryl Akers: Okay, great. Thank you.

Gloria Lucas: You're welcome.

Operator: We'll go next to Jason Bryan, MDI.

Jason Bryan: Hey, this is Jason Bryan at MDI Achieve. I was going to ask if we could do 4010 testing and 5010 testing during August 15 through October 13.

Gloria Lucas: Tommi, when you say 4010 testing, are you just testing to make sure that your files still come in successfully to CGS but you're not a new vendor actually testing 4010?

Jason Bryan: Correct. We're currently sending 4010 claims to NGS. And we just want to make sure that 4010 claims are okay with CGS as well as our 5010 claims are okay with CGS.

Gloria Lucas: Okay and that is not required but you test on the 4010. And basically what you can do is just send in a file that you have already sent in, and it will deny in our system as a dupe, so that way it will let you know that it's compatible with our system and for the 5010, once you Early Board, you can begin 5010 testing.

Jason Bryan: Okay. Can I ask one more question? Is there any plan to go to something newer than GPNet and the future for claims submission?

Gloria Lucas: Not at this time.

Jason Bryan: Okay. I appreciate it.

Scott Armstead: On thet 4010 testing, actually if you want in the ISA record, you can put a “T” in there for test. That way, it doesn't come in as a production file and dupe.

Jason Bryan: Oh, sure, okay.

Scott Armstead: That will flag it as a test file. I would rather you do that.

Jason Bryan: Sure.

Gloria Lucas: And, Jason, one more thing on 5010.

Jason Bryan: Yes.

Gloria Lucas: Once you test that and you migrate your users over, they start 5010 billing, you cannot go back to 4010.

Jason Bryan: Oh, there's no going back.

Gloria Lucas: No, not once you’ve got them in 5010 production.

Jason Bryan: Okay, thank you.

Operator: We'll go next to Rebecca Trask with Carroll County Memorial Hospital.

Rebecca Trask: Hi, this is Rebecca Trask from Carroll County Hospital. My question is about your Early Boarding process. And you said that GPNet password has been sent out last week.

The only thing I have received new from CGS was the EDI electronic signup form. I have not received anything new. And I've not seen anything with a password. What do I need to do if I have not received that information?

Scott Armstead: You can give us a call on our EDI help line. And we'll be glad to look that up...

Rebecca Trask: Okay.

Scott Armstead: ...and get you your user ID and password.

Rebecca Trask: Okay.

Scott ARmstead): Sometimes with the mail it's a little slow, but we'd rather double check and be sure.

Rebecca Trask: Okay. And that would be the 877-819-7109?

Scott Armstead: Actually, that would be 866-758-5666.

Rebecca Trask: Okay. Thank you.

Operator: We'll go next to Teresa Mann, Fair Oaks Health Systems.

Teresa Mann: Again, this is Teresa Mann from Fair Oaks Health Systems. I just wanted to clarify on the claims submissions. We currently use IVANS Lime portal to transmit our claims to NGS. And we also print our remittance off the PC-Print.

I want to make sure once we actually convert over to CGS that that is the only programs that we need to use. Or are we mandated to go to this GPNet. I think that's what we're having a little confusion. Are we needing to change? Or is this still compatible for you all? And that's all.

Gloria Lucas: Great question, Teresa. This is Gloria. If you go through IVANS now with your current contactor, whenever you switch over, you can still go through IVANS. It's not an issue. And you can still use your PC-Print software to you read your ERA files.

Teresa Mann: Okay, great. Thank you very much. That will be a lot off of our minds that we wont' have to worry about.

Gloria Lucas: You're quite welcome.

Operator: We'll go next to Elizabeth Hardin with U.S. Renal Care.

Elizabeth Hardin: If we have facilities that are currently using Highmark Medicare Services instead of NGS, will those also transition at the same time?

Quinn Schumacher: What we're currently taking on is the J15 contract, which includes the Part A workloads from Kentucky and Ohio only, which are coming in from NGS.

So if you have other facilities with other contractors at this time, those will remain with those contractors or transition when any of those contracts are awarded in the future.

Elizabeth Hardin: We have several facilities in Ohio. And we are certified under end stage renal disease, under ESRD. And we submit Part A. So, the J15 transition would affect us for the NGS providers that we have right now. But the Highmark providers that we have you're saying are not transitioning.

Quinn Schumacher: That's correct.

Elizabeth Hardin: Okay, all right. So you are the FI for J15.

Quinn Schumacher: Correct, we are the contractor for J15.

Elizabeth Hardin: Okay, but only for the ones that are under NGS. That part of our Ohio that is under another FI remains under the old FI.

Quinn Schumcher: Yes. That is correct. So we're taking only the workloads coming from NGS for Kentucky and Ohio Part A.

Elizabeth Hardin: Okay, all right. That answers it. Thank you.

Operator: We'll move next to April Caldwell with AccuMED Technology.

April Caldwell: Hi, this is April Caldwell with AccuMED Technology Solutions. And we're a software vendor. And I had a question. We have several clients in Ohio and Kentucky. And I was looking at your documentation about 5010 testing for trading partners. Now, will we have to get our own vendor ID and passwords to test after our clients transition?

Gloria Lucas: Do you currently have a submitter ID in order to test?

April Caldwell: Well, every MAC is doing it a little differently. With NGS, we were required to use the providers' submitter ID and password. And we had to purchase a network service vendor. So we had to provide them with the clients' information to get to connectivity.

Gloria Lucas: Okay.

April Caldwell: But then, for example, NHIC gave us our own submitter ID. So that's why I'm asking.

Gloria Lucas: Okay, you can get your own - we would be glad to sign you up with your own submitter ID number to do 5010 testing. April, what's your phone number? And I'll give you a call after this call.

April Caldwell: I appreciate it, thank you.

Operator: Again, star 1 for questions. We'll go next to Jennifer Geraghty at HCR ManorCare.

Jennifer Geraghty: So we submit our claims through a clearinghouse. And we also submit the claims from the clearinghouse through DDE. If we go through the clearinghouse, do we still - and maybe I'm a little confused on the GPNet. Do we still have to have a dialup for that? We use IVANS.

Gloria Lucas: Okay, when you say you're going through a clearinghouse for your claims, now, is the clearinghouse actually uploading your claims for you?

Jennifer Geraghty: I'm going to say no. I guess they drop our claims into that particular program. We run a process that checks the eligibility and everything on those claims through this program.

And then at a certain time when we submit - we let go of the claims, say, at 4:00 in the afternoon, and then that's when they go to Medicare. I'm hoping I'm answering your question.

Karen Evans: This is Karen, EDI. So, are you sending your claims to IVANS? Or are you just using their portal to send the claims to Medicare?

Gloria Lucas: If you currently send claims through IVANS today, once you transition over, you can still send claims through IVANS.

Jennifer Geraghty: Okay, so we don't have to do anything with the GPNet dialup? Or will that automatically happen with IVANS.

Gloria Lucas: Okay, now, IVANS has two types of setups. One setup is where you actually send the information to IVANS and then IVANS uploads that information to CGS.

Jennifer Geraghty: Okay.

Gloria Lucas: The other setup with IVANS is you have your own submitter ID number, and you actually use that submitter ID number to submit claims to CGS via IVANS.

Jennifer Geraghty: Okay.

Gloria Lucas: So is that what you are doing?

Jennifer Geraghty: That, I'm not 100% sure, maybe that's why I'm a little confused.

Gloria Lucas: Okay, Jennifer. Let me get your number, and I'll call you.

Jennifer Geraghty: Okay. My other question is you said you sent out letters to providers. We own multiple nursing homes throughout the United States. Would you use the address that NGS has on file for the nursing homes?

How did you send out the letters is what I'm trying to figure out, because I haven't seen anything. And I don't know if I can do Early Boarding yet. That's why I guess I'm trying to ask.

Scott Armstead: It would have been the address that NGS provided us from the submitter address. If you want you can give us a call at EDI help line and we'll be glad to look that up for you and get that taken care of today.

Jennifer Geraghty: Okay, great. Thank you.

Operator: Well go next to Matt Andel with Quadax.

Matt Andel: Hi. The 5010 testing, if we've tested with NGS already and been approved, do we still have to test with CGS?

Gloria Lucas: Thanks, Matt, and that's a great question. And if you tested with them and have been approved, basically only thing we're going to ask you to do is just upload one test file and that should complete you. But we just want to ensure that nothing has changed between NGS and CGS.

Matt Andel: Okay. Another question, we have a submitter code with NGS where we get all our remittances for, for both Kentucky and Ohio. Will that stay the same with CGS?

Gloria Lucas: So you have one submitter ID?

Matt Andel: We have one submitter ID for Ohio to submit claims under, one submitter code for Kentucky to submit claims under, and another one that all the remittances come back under. So I'm not sure how that got transferred over to you guys.

Gloria Lucas: Matt, we're going to have to take a look in our system and see how that transferred over. If you give me your telephone number, I'd be glad to give you a call back on that one.

Matt Andel: Okay, it's 440-777-6305, extension 2348.

Gloria Lucas: All right. We'll check on it and give you a call back today, Matt.

Matt Andel: And the last question I have is, with NGS we get back the 201 ADR report. Will that continue from you guys?

Sue Allsop: Hi, Matt, this is Sue at CGS. When you come through CGS, you will be getting the reports in 4010 that the GPNet system normally sends out to our customers. When you change to 5010, you will be receiving the 999 and the 277CA, just as you would with any other contractor.

Matt Andel: Okay, these were like special reports NGS did once a week, once a month.

Sue Allsop: No. They are different with the GPNet program, and you will want to look on our Web site to find the details of how GPNet reports.

Matt Andel: Okay. I'll look at the Web site.

Operator: We'll go next to Dixie Mason with Knox County Nursing Home.

Dixie Mason: Hi, for now I'm getting my remittance advices by paper. Is there a way that I need to go in to set up to get the electronic remittance advices, or can I still get them paper, RAs?

Gloria Lucas: If you get your ERAs by paper today, then once you transition over, you would still get those by paper.

Dixie Mason: Okay, thank you.

Operator: We'll go next to Teresa Garrison with Kentucky Medical Services.

Teresa Garrison: Hi, thanks for taking my call. We currently use PC-Ace to enter and transmit our Part A claims using ClaimShuttle. You mentioned IVANS. Do you all also work with ClaimShuttle?

Sue Allsop: This is Sue at CGS. At this time, we don't have them as one of our network service centers that we acknowledge as someone we work with all the time. But we are willing to take your claims from any submitter who can comply with the exact application details that we have on our Web site.

Teresa Garrison: Okay. So they would need to be sure that they are using - if I am - because they're similar to to IVANS. It's just another NSV. Would they have to use the GPNet, or can they do the FTP?

Sue Allsop: It can do either one.

Teresa Garrison: Okay. That's all I have.

Operator: We'll have our next question from Terry Mullins with Wesley Manor Nursing Home.

Terry Mullins: Hello. I bill for a nursing home in Louisville, Kentucky. And I go through IVANS. I load up my file from my software and send it through IVANS. But also, I use the FISS system to do direct

entry. How will that work with you guys? Will I still do that just the same way? Or do I have to download the GPNet?

Sue Allsop: This is Sue at CGS. GPNet is our front end. And that is where you submit your claims, if you're submitting directly. If you're using IVANS for your claims submission, you will want to get with them to find out if there are any changes that you need to implement for this transition.

Terry Mullins: Oh, okay.

Sue Allsop: Thanks.

Terry Mullins: All right, thank you.

Operator: We'll go next to Mary Kopec with Laurel Lake Retirement Center.

Mary Kopec: Hi. I had a question because other people have said they never got the letters that went out with the passwords. I've called the Transition Help Desk and the EDI Help Desk. And I was told that even though I'm an EDI submitter, I still get paper checks from Medicare, even though I get my remits electronically.

And I can't get a copy of the letter. But, I wanted to know, do I need to enroll as an EDI submitter with you, now, because you don't apparently have me anywhere.

Scott Armstead: If you want, I'll be glad to give you a call after this meeting. And we'll take a look at your setup and everything. Because if you were set up with EDI over with NGS, everything should have transitioned over to CGS.

Mary Kopec: Yes, but I never got the letter. And when I call in, they don't have my submitter ID or my NPI or anything.

Scott Armstead: All right, I'll give you a call after this meeting.

Mary Kopec: And I had a question with - I've heard you tell people that they can still use IVANS to submit the files. But apparently you have to have GPNet, and I'm still confused on that one.

Sue Allsop: GPNet is our front end. It's not a piece of software or an application. It is simply the front end where your claims are sent.

Mary Kopec: So if you - the way I submit files now is it's through the internet through IVANS, you just drag your file into the window. But from what I understand, we have to get a modem, a program like HyperTerminal, dial in, and then use this DOS program of GPNet to submit the files now, is that how it's going to be?

Sue Allsop: GPNet is not a DOS program. GPNet is the name of our front end.

Mary Kopec: Okay, because in your - in the GPNet manual on your Web site it shows...

Sue Allsop: GPNet is not even a program. It's our front end on our mainframe here at CGS. It's the front end where you would send your claim. It's not something that you need to get.

What you need to do is talk with IVANS about your particular setup. IVANS is very familiar with GPNet, and they won't have a problem at all getting you set up to submit your claims to us.

Mary Kopec: My only problem is I need to get a modem I guess.

Sue Allsop: And I don't know how the system works, the IVANS system works.

Mary Kopec: It's broadband.

Sue Allsop: Okay, I don't think we'll have a problem in the world. You just need to get with IVANS and make sure your particular protocol is all set up to go with us.

Mary Kopec: Okay, because I thought you said it requires a modem.

Sue Allsop: We don't know whether your particular setup with IVANS requires a modem or not. But when you do come into us, to GPNet, you can come in FTP or you can come in with a modem. You will need to get with your vendor, though, to answer your questions. You won't have a problem, though. IVANS is really, really good about it.

Mary Kopec: Okay, thanks.

Operator: We'll go next to Pete Hall with VCPI.

Pete Hall: Yes, hi. I've got another multiple mailbox situation, kind of like what Quadax has, only not, only a little different. We have a submitter ID that we use to submit claims. And then we have several mailboxes that we receive remits in. And I need to know if it's going to change. So can I get with somebody on that, please?

Gloria Lucas: All right, we'll give you a call back today.

Pete Hall: Thank you.

Operator: We'll go next to Jim Nahay with Laurel Health Care Company.

Jim Nahay: Hi, I just got one question. It's kind of on the same lines as the last question. We have a submitter ID that we submit both Ohio and our Indiana claims under the same submitter ID. And I just want to know if we have to apply for a new submitter ID for our Indiana claims, or if we will be able to send them with a separate contract ID through the same submitter ID.

Sue Allsop: Hi, this is Sue in EDI. Could we please ask you to contact our help desk so we can work with you individually?

Jim Nahay: Yes, no problem.

Sue Allsop: Thank you so much.

Operator: We'll go next to Teresa Dunn, Trover Clinic Foundation.

Teresa Dunn: Hi, this is Teresa. I have a question on the network service vendors. Is there any list out on the Web site where we could find the acceptable ones?

Scott Armstead: Yes, we have posted an updated list of all our trading partners on the Web site. It's under the EDI section.

Teresa Dunn: Thank you.

Operator: We'll go next to Rebecca Trask, Carroll County Memorial Hospital.

Rebecca Trask: Yes, this is Rebecca Trask again. I believe you've answered this, but I just want to clarify. We currently send all of our claims to a clearinghouse. They submit the claims directly to Medicare. And then we do all the follow up through the DDE program.

So really all of the responsibilities here with EDI claims submission, will all fall on our clearinghouse, will it not?

Sue Allsop: That is correct.

Rebecca Trask: Okay. So we just need to make sure that we're enrolled, and then the rest of this falls under our clearinghouse's responsibility.

Sue Allsop: Yes, ma'am.

Rebecca Trask: Okay, thank you so much.

Operator: We'll go next to Lauren Harley with Maple Knoll Village.

Theresa: Hi. This is Theresa from Maple Knoll Village. And I guess I'm kind of piggybacking off of the other questions in regards to the reports. One gentleman asked if the 201 report would be available. And I think I heard you say that the 997 and the 277CA will that still be providing the information that comes off the 201 PS&R report for providers?

Sue Allsop: I'm sorry, those are different. The PS&R report is a different situation. It is not really EDI related. So if we could ask you to give our technology support center, our help desk a call with regard to that, we would appreciate it. The reports that NGS gives you that are proprietary to NGS will be different. The reports that do go along with the 4010 or with the 5010 will be the same when you transition.

Theresa: Okay. So I'll call the help tech desk.

Sue Allsop: That would be good.

Theresa: Okay, thank you.

Teresa Reynolds: This is Teresa with CGS. I just wanted to reiterate, I think the question that has been asked twice, I think the 201 report that are currently received in the NGS mailbox, those reports would now be mailed when you move to CGS.

Operator: We'll go to our next question from Debra Mattins, Family Health Center.

Debra Mattins: Hi, we have a question, since we are a federally qualified health center, in regards to our supplement payments that we receive, if they would use the same payer ID number to submit those claims?

Sue Allsop: Debra, this is Sue, at CGS. The payer ID does not change if you are being paid through the J15 MAC.

Debra Mattins: Okay, and you're going to be handling - we don't have to do any type of new enrollment or anything? That will all come across?

Scott Armstead: And yes, all your enrollments will come over.

Debra Mattins: So do we just call to verify? Because we are in the process of having two additional ones added. And we're in the midst of that.

Scott Armstead: Yes, ma'am. If you call our EDI Help Desk, we'll be glad to look everything up, make sure everything crossed over and you're all set up to go.

Deborah Mattins: Great, thank you.

Operator: We'll to next to Teresa Garrison, Kentucky Medical Services.

Teresa Garrison: Hi, I ran across one more question. We did receive the letter that has our GPNet password and login information. But I have three separate submitter ID numbers. Do I have three separate IDs and passwords?

Scott Armstead: Yes, if you have three different submitter numbers, you would have three different passwords.

Teresa Garrison: Okay, now, Scott, can I call in and find out what my other two are? Because on the letter it does not tell me which submitter number this is for.

Scott Armstead: Yes, ma'am. If you can just get our EDI Help Desk, we'll be glad to get that information for you.

Teresa Garrison: Okay, thank you.

Operator: Again, star 1 for questions. We'll go next to Brent Swick with Diversicare.

Joyce Davis: Hi. This is Joyce Davis from Diversicare. And we currently have NGS for all of our facilities except for eight in Texas. And we cover different states, which is Florida, Tennessee, Arkansas, et cetera. So what you're saying is you will be - we'll be transitioning all our facilities from NGS to you, CGS, correct, as our MAC?

Sue Allsop: For the J15 MAC, what we're talking about today, is Kentucky and Ohio submitters.

Joyce Davis: Okay, but we are a submitter through NGS and we use Kentucky Part A. But we have facilities in different, other states than Kentucky and Ohio.

Sue Allsop: Are you submitting from your home office? Or are you looking to submit to the MAC that supports the state in which your facility resides?

Joyce Davis: We submit from our home office, which is in Tennessee, our corporate office.

Sue Allsop: Okay, I think that's one we're going to want to delve into just a little bit more. If you could contact our help desk, we'd be more than happy to work with you on that.

Joyce Davis: All right, thank you so much.

Operator: We'll go next to Rebecca Lay, Licking Memorial Hospital.

Rebecca Lay: Yes, we had a question. I know you guys said today that the 201 reports were going to end up being mailed. So who are they going to get mailed to? Are they going to be mailed to our vendors who are sending out our claims? Or are they going to get mailed directly directly to the providers?

Gloria Lucas: The documents should be mailed to the address that's set up for the submitter.

Rebecca Lay: Okay, so it would be our vendor if our vendor is our submitters.

Scott Armstead: If that's what you have on file, yes.

Rebecca Lay: Okay. That's my question.

Operator: And we'll go next to Cheryl Akers, Kindred Healthcare.

Cheryl Akers: Hi, this is Cheryl Akers. I have one clarification on my setup here. I have one submitter ID that I use for NGS. And I have both Ohio and Indiana facilities. I will continue to send my Indiana claims to NGS.

And when I transition over to CGS, like for Early Onboarding, can I use my same, existing NGS submitter ID to send the Ohio claims to CGS? So, in other words, I would have one submitter that I'm using for NGS and CGS. Or do I need to get a new one?

Gloria Lucas: Cheryl, you can use that same submitter ID for sending your Ohio claims to CGS.

Cheryl Akers: And even after I go live everything, it won't matter that I'm using the same submitter ID to go to both NGS and CGS?

Gloria Lucas: No, that would not be an issue.

Cheryl Akers: Okay, thank you.

Operator: Again, that's star 1 for questions. We'll go next to Kathy Clifton, Richter & Associates.

Kathy Clifton: Yes, I had two questions here. One, is there a maximum number of claims to submit per test file?

Sue Allsop: A maximum number? Do you mean how many can you submit? Or how many do you need to submit?

Kathy Clifton: How many do you need to submit per test file?

Sue Allsop: Are we talking about 5010 or 4010?

Kathy Clifton: 5010.

Sue Allsop: 5010, 25 claims, please.

Kathy Clifton: Okay, and then, if you're billing for one - more than one skilled nursing facility, does each skilled nursing facility have to submit a test file?

Sue Allsop: No. What we'll do with that is if you're submitting - are these all under the same ownership?

Kathy Clifton: Yes.

Sue Allsop: Okay, what you need to do is contact our help desk, and Scott's group will help you and ensure that since you have successfully tested for 5010 using the same software, we can associate the submitter IDs from each different unit to you.

Kathy Clifton: Okay, that's it. Thank you.

Operator: Again, star 1 if you'd like to ask a question at this time. We'll go next to Erica Fletcher, Mercy Medical Center.

Erica Fletcher: Yes, this is a follow up to the previous question. For 4010 testing files, is there a number of - a minimum number of claims that must be submitted?

Sue Allsop: No, ma'am.

Erica Fletcher: Okay, thank you.

Operator: We'll go next to Michii Summers, RelayHealth.

Michii Summers: Hi. I just wanted to confirm with you that the transactions, are they all going to be going directly to and from you? Or are they still going to be funneled through NGS after this transition?

Gloria Lucas: Once you transition, those transactions will come straight to CGS.

Michii Summers: Okay. So NGS is not going to be part of the telecommunications set of everything.

Gloria Lucas: Not once the transition is complete.

Michii Summers: Okay, thank you.

Operator: Again, star 1 for questions. We'll pause for just a moment to see if we have any additional questions. We'll go next to Debra Mattins, Family Health Center.

Debra Mattins: Yes, I'd just like a clarification. So, on the day of the cutover, the cutover's the 17th of October. Will there be any dark days from the 13th to the 17th? Is that a dark period?

Sue Allsop: I don't believe we've been given firm instructions on our dark days with CMS, yet. But you will definitely be able to see that on our Web site when they are confirmed with CMS.

Debra Mattins: Okay, thank you very much.

Sue Allsop: Thank you.

Operator: We'll go next to William Norman, Phoenix Rehab.

William Norman: Yes, I currently use PC-Ace software to prepare my claims. Am I to understand that you have a CGS-specific version of PC-Ace?

Karen Evans: Hi, William, this is Karen at EDI. Yes, we do have that for CGS. That will be available on the Web site once the transition has taken place.

William Norman: So I wait until after the transition and then I download your version of PC-Ace to prepare my claims?

Sue Allsop: You don't have to do that. But we'll only be supporting our version.

William Norman: Oh, okay.

Sue Allsop: If you're real good at the one you've got now, as long as you can get it to us, you can go with it.

William Norman: Well, I mean, we prepare our claims on that. But we actually use IVANS portal for submission.

Sue Allsop: You shouldn't have any problems.

William Norman: Oh, good. Okay, thank you.

Operator: Again, star 1 for questions. We'll go next to Debra Worth, Baptist Healthcare Systems.

Debra Worth: Yes, we are in the middle of a system conversion along with the 5010 conversion and the MAC conversion. And we submit our 837s through RelayHealth. But we have always pulled our 835s back directly from NGS.

I am going to need to some testing on both 4010 and 5010 for our new system upgrade. When - and I don't know if we've Early Boarded yet, the 837 side will have determined that. When is the earliest I can start testing 4010 and 5010 835s?

Sue Allsop: That would have to take place after transition, after October 17.

Debra Worth: Okay, so I cannot even begin testing my new system on either version until after October 17.

Sue Allsop: That is correct.

Debra Worth: Okay, our connection that we use for NGS is through Nebo. And I think I understand you to say that if Nebo can conform to your standards, we can continue to connect to CGS through Nebo.

Sue Allsop: Yes. This is Sue in EDI. And we use Nebo - Nebo uses us now. They do know how to do this.

Debra Worth: Okay, so last time I looked at the list, they were not on the approved list. Have they been added?

Sue Allsop: I think they're testing right now. But I don't believe that they have been put into production at this time. That does not mean they cannot submit your claims.

Debra Worth: Got you. But they're in the process of getting approved?

Sue Allsop: I believe they are.

Debra Worth: Okay, that is great news. Thank you so much.

Operator: Again, star 1 for questions. And we have no further questions in the queue at this time.

Deanna Menshew: All right, thank you very much. We'd like to thank everyone once again for making the time to join us today. As a reminder, we will post an audio recording as well as the complete transcript of today's ACT call on our Web site in the near future.

And I will remind you as well that we do have a general Ask the Contractor Teleconference for Kentucky and Ohio Part A Providers scheduled for September the 8th, 2011. We will be communicating complete event details on that call via our Web site and listserv in the near future. Thank you again for joining us, and we look forward to serving you.

Operator: That concludes today's conference. Thank you for your participation.

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